



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Partnership
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-12.1-913(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-12.1-913(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. ID No. 001733322

2. Exact Name of the Partnership Gordon Rees Scully Mansukhani LLP

3. State of Formation

State: CA

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROVIDE LEGAL SERVICES

5. Principal Office Address

No. and Street: 315 PACIFIC AVENUE

City or Town: SAN FRANCISCO

State: CA

Zip: 94111

Country: USA

6. The name and business address of one or more partner(s):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
NONE GIVEN - P	EDWARD SLAUGHTER	315 PACIFIC AVENUE SAN FRANCISCO, CA 94111 USA
NONE GIVEN - P	DION COMINOS	315 PACIFIC AVENUE SAN FRANCISCO, CA 94111 USA

7. This report must be executed by an Authorized Representative pursuant to R.I.G.L. 7-12.1.

Signed this 25 Day of April, 2025 at 3:45:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-12.1*

By DION COMINOS
Signature of Authorized Person

Form No. 643
Revised 10/23

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